## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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appropriate. All further indicated unless correct maintenance fee notific	correspondence includi- ted below or directed ot ations.	ng the Patent, advance of herwise in Block 1, by (	orders and notification of a) specifying a new corr	maintenance fees espondence addres.	will be s; and/o	Blocks I through 5 s mailed to the current or (b) indicating a sep	should be completed wher t correspondence address a varate "FEE ADDRESS" fo
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YOUNG & TI 209 Madison St Suite 500 ALEXANDRIA		Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
ALEXANDRIA	, VA 22314						(Depositor's name)
			_	M. M. A.	-		(Signature)
							(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/582,139	06/08/2006		Fabien Divo			0604-1012	8836
TITLE OF INVENTION LENS PROVIDED WIT	N: AN AUTOMATIC N H MARKINGS	METHOD OF VERIFYII	NG AT LEAST ONE C	ENTERING CHAI	RACTE		<del>HALMIC</del> PHTHALMIC
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0		\$1740	09/03/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS	]			
HASAN, MOHAMMED A		2873	351-206000				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
PLEASE NOTE: Uni recordation as set fort (A) NAME OF ASSIC ESSILOR	ess an assignee is identi h in 37 CFR 3.11. Comp GNEE INTERNATION	ified below, no assignee eletion of this form is NO	(B) RESIDENCE: (CIT'CHAREN'	patent. If an assign assignment. Y and STATE OR ( FON – LIE – PO	COUNT NT,	RY) FRANCE	ocument has been filed for but the filed for but the file of the file occurs on the file occurs of the file
4a. The following fee(s) a  ☑ Issue Fee ☑ Publication Fee (N ☐ Advance Order - #	are submitted:  o small entity discount p  f of Copies	<ul> <li>b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number #25-012 Qenclose an extra copy of this form).</li> </ul>					
5. Change in Entity Stat  a. Applicant claims	tus (from status indicated s SMALL ENTITY statu	(If Necessary)  D b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).					
NOTE: The Issue Fee and interest as shown by the r	l Publication Fee (if requecords of the United Stat	nired) will not be accepted tes Patent and Trademark	from anyone other than	he applicant; a regi	stered a	ttorney or agent; or the	e assignee or other party in
Authorized Signature	Benoit	Date <u>August 19, 2008</u>					
	Benoît Ca	Registration No. 35,041					
submitting the completed this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	application form to the ons for reducing this bur irginia 22313-1450. DO 13-1450.	USPTO. Time will vary den, should be sent to the NOT SEND FEES OR O	n is required to obtain or 1.14. This collection is es depending upon the indice Chief Information Office COMPLETED FORMS To pond to a collection of information of information of the condition	imated to take 12 ridual case. Any coer, U.S. Patent and DTHIS ADDRESS	mments Tradem . SEND	to complete, including on the amount of time ark Office, U.S. Depa TO: Commissioner for	by the USPTO to process) g gathering, preparing, and he you require to complete rtment of Commerce, P.O. or Patents, P.O. Box 1450, number.